



Division of Professional Regulation
861 Silver Lake Blvd.
Cannon Building, Suite 203
Dover, Delaware 19904-2467
(302) 744-4500

DUPLICATE RENEWAL NOTICE

DUE DATE: July 31, 2005

When your application for renewal is **complete**, please allow a minimum of **two weeks** to receive your license. If the completed application is received after July 15, 2005, you may not receive your renewed license by July 31, 2005. To confirm the processing of your renewal, please visit our website at www.dpr.delaware.gov/boards/speechaudio/LicList.shtml.

A **completed** application for renewal is one that includes:

- ___ completed Continuing Education Record (**must be mailed by May 1, 2005**)
- ___ completed, signed, and dated renewal application (due July 31, 2005)
- ___ check or money order for the appropriate fee made payable to the "State of Delaware"
- ___ proof of equipment calibration or affidavit available at <http://dpr.delaware.gov/boards/speechaudio/forms.shtml>.

Incomplete renewal applications will be returned, which could delay renewal of your license.

1. Since August 1, 2003, have you received a criminal conviction relating to an offense that is substantially related to the practice for which you are licensed as defined in Rule 11.0 of the Rules and Regulations governing this Board? YES ☐ NO ☐ If "yes", you must arrange for the appropriate authority to provide information about the record or charge directly to the Board.
2. Since August 1, 2003, have you had your license suspended or revoked, or other disciplinary action taken by the appropriate licensing authority in another jurisdiction? YES ☐ NO ☐ If "yes", you must provide the documentation of any regulatory Board action for review by the Delaware Board of Speech/Language Pathology, Audiology and Hearing Aid Dispensers.
3. Are you willing to be contacted about volunteer opportunities in connection with state or national emergencies? YES ☐ NO ☐

Signature: _____ Date: _____

Your email address: _____

NAME: (Please Print) _____ ☐ Check box if new address

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DUE DATE: July 31, 2005

Late fee due if postmarked after Due Date

PROFESSION (circle one):

Audiologist

Hearing Aid Dispenser

AMOUNT DUE:

\$76.00

LATE FEE:

\$38.00

LICENSE NUMBER:

O ____ - _____

*All sections must be completed. Incomplete forms will not be accepted.
Make checks payable to the "State of Delaware."*